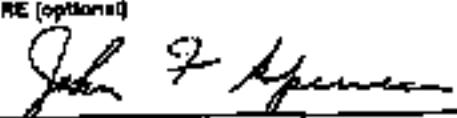


48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1,000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <i>Citizens For Dave O' Brien Committee</i>		4. FEC IDENTIFICATION NUMBER	
ADDRESS (Number and street) <i>P.O. Box 1322</i>		5. OFFICE SOLICITED (State and District) <i>WI 7th Congress</i>	
CITY, STATE, AND ZIP CODE <i>Wausau, WI 54402-1322</i>			
2. NAME OF CANDIDATE <i>David R. O'Brien</i>			
<p>Any information copied from this Report and Statement may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.</p>			
A. Full Name, Mailing Address and ZIP Code <i>Committee on Letter Carriers Pol. Action Committee National Assoc. of Letter Carriers 100 Indiana Ave., N.W. Washington, DC 20001</i>		Name of Employer <i>Federal Education COLPCE</i> Occupation	Date (month, day, year) <i>08/29/98</i> Amount <i>1000.00</i>
B. Full Name, Mailing Address and ZIP Code <i>Committee on Letter Carriers Pol. Action Committee National Assoc. of Letter Carriers C 100 Indiana Ave, N.W. Washington, DC 20001</i>		Name of Employer <i>Federal Education COLPCE</i> Occupation	Date (month, day, year) <i>8/29/98</i> Amount <i>1500.00</i>
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
SIGNATURE (optional) 		DATE <i>8/30/98</i>	For further Information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-219-8420
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

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FEC FORM 6
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